HIT Standards Implementation Workgroup
<mark>Draft Transcript</mark>
November 4, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Good afternoon, everybody, and welcome to the HIT Standards Committee's Implementation Workgroup. This is a Federal Advisory Committee, so there will be opportunity at the end of the call for the public to make comment and just a reminder for Workgroup members to please identify yourselves when speaking.

Let me do a quick roll call. Liz Johnson?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Judy Murphy. Is she on? She might not be able to join. Lisa Carnahan? Dorothy is on for Anne Castro.

Dorothy
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Carol Diamond? John Derr?

John Derr – Golden Living LLC – Chief Technology Strategic Officer
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Micky Tripathi? Linda Fischetti? Tim Gutshall? Nancy Orvis?

Ann Hover-Connor
Ann Hover-Connor is on for Nancy Orvis.

Judy Sparrow – Office of the National Coordinator – Executive Director
Wes Rishel? I heard David Kates. Are you on for Kevin?

David Kates – Prematics, Inc. – Vice President Product Management
That's correct. I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Joe Heyman?

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Cris Ross? David McCallie? Kevin Tarkoff?

Ken Tarkoff – RelayHealth – VP & General Manager
Yes. It's Ken. I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Ken. I'm sorry. Tim Morris?

Tim Morris – Emory University – Director, Research Informatics
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Mera Choi is here with me. Paul Egerman?

Paul Egerman – Software Entrepreneur
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Marc Probst?

Marc Probst – Intermountain Healthcare – CIO
Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director
Doug is coming. So meanwhile, I'll just turn it over to Liz.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
We're going to go through the agenda, which you obviously see in front of you, which is I will let you know kind of how the Committee Report went back from the Implementation Workgroup to the Standards Committee and talk about some of the feedback that we got from them, which is just five basic points. Then what we really want to spend the bulk of this meeting doing is discussing actual potential panelists for our hearings. Then we will summarize and get to next steps. Mera and Judy, I will need your assistance in doing those as I'm leading the meeting. Then we will open the meeting for public comment.

Anything else any of our participants would like to add to the agenda at this time? Hearing none we'll move into actually showing you the presentation that we did for the Standards Committee. Obviously, you've seen this slide of the Workgroup. We did want to point out that Tim Brooks, who has now joined us as a new member from Emory University and has participated and Mera Choi has been officially named as our liaison from the Office of the National Coordinator.

We set forward this broad charge and reminded the Standards Group that we really are looking for real world implementation to bring back to them and really paying a particular amount of attention to strategies ... adoption of the standards and mitigate the barriers. We pointed out that we'd be meeting today and then again in December and so the bulk of our report back was, of course, on the January hearing potential.

We went back to them to talk about the activities that we had identified in our last Workgroup meeting and the first one was to conduct a January 2011 hearing entitled Real World Experiences Working with Meaningful Use. This is just sort of the overview of the hearing, what we want to do. We want to obtain feedback from the eligible providers, physicians and hospitals related to their meaningful use implementation experiences, look at the accrediting bodies and software vendors around certification experiences and then go out to the RECs and the HIEs and so on to get a sense of their experience. We'll go into that in further detail.

One of the things I'd like to pause for a moment and say is that we have actually chosen some potential dates and marked the calendar for then, so for those of you who are participating and then for the minutes, we've chosen the afternoon of January 10th, January 11th to conduct the hearings. We wanted to go ahead and get those on the calendar so both the participants and the Workgroup, as well as those with the ONC so that in the month of December we can actually contact and formalize both our

objectives, our hearing, questions and the panelists so that we'll be ready for our January meeting, knowing that in order to have it happen in January we'll have to get those commitments in December.

The second discussion that we had with the Standards Committee was the potential of merging out the HIT Policy Committee. We have their leadership with us today; their Adoption and Certification Workgroup to really work together on looking at adoption and implementation experiences. We're still working through the synergies of that and Doug and Paul and Marc and Judy and I will be having further discussions and coming back to this Workgroup to determine sort of long-term what that might look like. But we did want the Workgroup and the Standards Committee to be aware that those discussion were taking place.

We can go to the next slide, please. This really talks about the work that we did last time in more detail related to the actual panels themselves and so we had, first of all, talked about doing a panel with the RECs and their role in attaining meaningful use. We had determined that there were certainly four perspectives that we'd want to examine. The first would be the ONC perspective, really talking to us about what was expected. What did they envision that the objections of these RECs would be? From their perspective were they meeting the objectives that were laid out in the first place?

The second thing was to look at our expectations of them. Then from the REC perspective there are two types of RECs that we identified. First would be the franchise and second would be the QIO RECs. We would want representation from both of those as sort of two approaches to meeting that requirement of ONC. Then finally, from the participants, the eligible providers, that were actually using those and certainly and particularly we want to make sure that the small providers and the rurals, since those are really who these RECs were built for.

I want to, again, pause for a moment to say one of the comments back from the Standards Committee was they wanted to ensure that we would not, as part of this hearing and part of these panels, get into the issue over vendor endorsement. We've all seen in various types of media that the RECs, there's been some controversy over the REC's endorsements of particular vendors and that would not be in the purview of these panels. Then we went on to talk about certification experiences and again, we wanted to talk about CCHIT and ... and their certification body named. We'd like to hear from those three organizations and what they're experiencing and so on.

Secondly, we wanted to hear from the self certification perspective. One of the examples that we gave of that was Beth Israel. We're all familiar that John is going through the process of having Beth Israel certified, so he is going to be or his team is going to be intimately familiar. Again, here one of the perspectives that was given by the Standards Committee was they'd also like to get a small provider that was seeking certification, either at the modular level or for proprietary applications so that we would have a more even representation of both a large, complex organization and a smaller organization and then going to our EHR vendors and getting their perspective on how the certification process in general and specific was moving forward.

We then moved into the third panel, which would really be composed of people that are early adopters of meaningful use that are seeking attestation in 2011. What we would hope to achieve from that is guidance for future implementers, recognizing that in January they're still early in the process and that we don't have a full picture of what it's going to take, but they have obviously at that point made decisions about the way they're going to go forward with attestation and we'd like for those to become public record to be shared with others.

There were two categories of early adopters that we would ask for, first being the eligible providers and then secondly being the hospitals themselves or the provider community from the acute care side. Again, we'd be looking at small and large and IDNs so that we would not limit it to a very small section of this group, but instead try to cover the continuum.

Then we talked about a fourth panel that would be looking at meaningful use. During the Standards Committee we had the opportunity to hear from Paul Tang and got an update as they're moving forward

to go with meaningful use stage two. I think it's both, meaningful use stage one, how are you doing? Are things clearer? What are you doing to take that criteria and actually move it into an implementation perspective?

Secondly, as we begin at that point to have gotten some reports back, go into the Policy Committee presentations and so on, what is your response to meaningful use and what's being proposed for stage two? There was very strong sentiment from the Standards Committee that that would be very helpful, not so much in guiding us around the formation of the meaningful use criteria, but instead, certainly giving us purview into the kinds of standards that we should be looking to either identify the need for or identify the availability of in preparing the communities to be ready for meaningful use in the future. Then finally, the fifth panel would be around health information exchange and looking at both public and private sectors and the kind of input they could give us on how they're moving forward.

I did want to share with you, which is not part of the slides, other comments that were— Well, I guess we can go to the next slide, which was what we shared with them in terms of next steps, which is obviously to develop the plan for the 2011 hearing. We talked about that earlier. We've identified some early dates with a panelist list that we'll be talking about and getting input from you. Obviously, they need testimony and question guidance so they are very clear with what we need to get accomplished during those panels and then, obviously, working through the logistics. The next thing that the Workgroup had asked for and we shared with them was that the Implementation Workgroup had asked for some informational updates from ONC so they better understood expectations and what we could look forward to and then, again, looking at the Policy Committee and the Adoption and Certification Workgroup and potentially the merging of that.

Then I wanted to share with the Workgroups a few additional comments that were made by the Standards Committee. One comment or suggestion was that we would include some ACOs in the panel and get their perspective on it. Another one was that we really ought to be looking at interoperability; that we believe that as stage two is looming out there in the future that interoperability will become more than within our four walls and that as the implementation preparation continues towards stage two that we're going to be much more focused on interoperability and beginning to look at that.

Finally, we had had some comments in our Workgroup and then, interestingly, the Standards Group came back and Doug had already said he would do these things, but I wanted to point back out that we talked about having a multimedia communication presence and the reason for that was two-fold. One is to begin to have a mechanism that was broader than just what we would get in the hearings, so that we would be able to, with a limitation of doing a day and a half hearing, that we wouldn't be limited to only hearing from those populations that were invited to participate, but we'd also have a mechanism that would solicit information in a broader way and Doug has agreed that the ONC would be able to work with us on that objective.

Then the second thing was that we are very interested in and there are plans under way to create report cards so that we can have a clear and precise source of truth related to the number of vendors and which vendors have been certified. Then as a second step, which providers were seeking attestation. Then finally, the third face of that would be then to provide knowledge to attestation being successfully confirmed so that we would know that those were persons or organizations that we could look to for further implementation guidance as to how they were successful in those adventures.

So I wanted to sort of lay out there what we talked about in the Standards Committee and the comments that were coming back and then would seek, before we go into actually seeking panelists, both input from Doug if he's joined us, as well as other standards or Paul, you or Marc, comments related to what we shared with the Standards Committee.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability
Judy, this is Doug Fridsma. Thank you, again—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

It's Liz.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability
I'm sorry, Liz. I am on the phone so I've been listening in. Thank you very much for your presentation.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Doug, I don't know if you wanted to add anything in terms of your perspective. Doug was with us during the Standards Committee; if there was anything else that I should review reflecting back to the Workgroup in terms of what we were able to ascertain from that meeting.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability
Well, I think when I take a look at the slides and the kind of proposed panels that you have here the way that I sort of frame this; and it's very similar to the way in which I think you've taken a look at this; is that when we start talking about real world implementation what you really are trying to figure out is in a positive light what is the value chain that gets us to implementation or what are the barriers that we need to address. If you take a look at it there is this notion of meaningful use and the criteria that come through there. There are some policy implications. You've got a panel on that. Clearly, taking that and trying to operationalize that in the field, we have to have the Regional Extension Centers to help support implementation. We've got certification experience, both from using the existing ACTBs, as well as those that are seeking to use attestation through that as well and what those barriers might be and then, finally, how they get operationalized out there within the health information exchanges, either the public or the private sector as well.

So what I like is that you sort of articulated what those barriers might be or what each of those pieces contributes to that value chain. That gets us to the point where people are able to do the implementation. So I think it's a very nice framework to sort of think through all of the possible steps.

I would probably maybe just ask the Committee or the group are there pieces of that chain that we've missed that maybe we need to find ways; this is already going to be a big hearing; I'm not certain that we should necessarily add to it, but just to make sure that we've got that on our radar, either from the Committee's perspective or from ONC.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
So I think we're opening it up to the Workgroup for your input, please.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
What was the last perspective that we wanted to add? I missed that. I'm sorry.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
From the Health Information Exchange perspective and interoperability.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
I see. Okay.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. Right.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
It just seems like a lot of stuff to get into a very short period of time.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
It is, indeed. I think it's a very aggressive kind of a panel construction and it is what the Workgroup wanted to do. Again, I think once we go to the second part of our meeting and begin to talk about the types of persons and who would be available to do this if we determine that we want to divide it into yet a second hearing that's certainly an approach we could take.

The other thing that interestingly occurred, I got a couple of e-mails and calls after the meeting for people that really even wanted to do this sooner than January and wanted more people involved, so I think we have, as usual, a fine balance of trying to meet many needs, but allow it to be discreet enough that we get usable information out of the process. I mean if we try to boil the ocean we're going to end up with a lot of information, but not necessarily particularly focused information.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
We're going to have to be very firm about the amount of time that each person testifies.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Absolutely.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability
Liz, I wasn't suggesting it, in fact, I think the discussion here suggests that we've got a really, really comprehensive agenda and I think we've probably covered most of the areas that we need to. I like Joe's suggestion to make sure that we limit the public testimony and we may want to be very, very clear that people can put longer, written testimony together and submit that to the public record—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability
To really kind of limit the presentations. It would be much more valuable for people to submit more comprehensive, written testimony that can be reviewed by the Committee, have a brief introduction, executive summary that's very time limited and then allow the Committee adequate time to ask more detailed questions based on the review of the written testimony.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Great. You know in the past when we've done this we have limited the time and have run a clock to help people remember that you have five minutes or so and that's whatever the determination is. Again, that's the time that we will have done our homework and read the testimonies in advance, so our questions will be formulated and then if answered in the actual verbal testimony then we don't reintroduce the question again.

So, not hearing from someone else and being aware of the time constraints that we have today, I'd like to move into actually getting from the Workgroup suggestions for each one of the panels.

Paul Egerman – Software Entrepreneur
Before we go to that I did want to express just a couple of concerns. One is a variation on what Joe said. It just strikes me that this a very comprehensive view of everything and the question is being asked in a very general way, a question of like how's it going.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right.

Paul Egerman – Software Entrepreneur
I have to say it bothers me. The thought I'd like to give to you is would we be able to make better progress if we had a narrower focus so when doing it instead of saying how is it going if we focused on areas where we think there might be barriers to adoption—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Okay.

Paul Egerman – Software Entrepreneur

I don't necessarily know what those are, but I believe there are places that people already articulated where they're having problems. One group might be able to say where are there areas where there are, for example, providers who would like to adopt, but for whatever reason are unable to do so and try to understand what those reasons are or what are the barriers where people are trying to do it and have gotten to a certain stage and maybe they're stalled and they're running into trouble, but the idea might be just to understand where the barriers are and as a result, try to come up with recommendations to address those. If you wanted to you could narrow that even further. You could say we're going to limit it to small physician groups or small group practices or we're going to limit it to small practices and small hospitals or something. If you wanted you could even limit it even further. That's just an idea.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No. I think your point is well taken. I mean one of the things that we had intended to do beyond the identifying potential panelists, which obviously, if you haven't identified it, a clear or a narrow objective is more difficult to identify panelists, but to give them very specific criteria to which they would speak. I think your suggestions are very good, because what we're trying to do obviously in the end is assist people in getting implementation guidance and support that they have identified as needed. I think that's your point.

Paul Egerman – Software Entrepreneur
Well, that's right. Or another way for me to make the point is you say you want to ask the panelists questions. The answers to those questions should help us answer some questions for either the Standards Committee or the Policy Committee, so I don't know what those are, but there ought to be a question that sort of says what are the barriers, what are the challenges and we can explain the answer to that and also hopefully explain some possible alternatives or solutions or course corrections or whatever so that's one comment. I'm also concerned that otherwise, if you just do this and you bring these people from the RECs or the certification bodies and say how is it going they're going to say we're doing a good job.

(Overlapping voices.)

Paul Egerman – Software Entrepreneur
If you brought me up as ... and asked me how is it going I'd say I'm doing a good job. You guys aren't, but I am.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Absolutely. No. I think your point is well taken. Our intent was, and I don't believe it was clearly articulated, that sort of that open we'll just be candid because this is us and this is the work that we do; this is not meant to have you come in and give us a sales pitch on how well things are going. It's not that we want the negative, but we want specifics, because otherwise, like you said, you get a generic response that doesn't lead us to activities where we can respond to them in a meaningful way. I mean we're in conceptual frameworks and not really accomplishing what we have been tasked to do.

Paul Egerman – Software Entrepreneur
Another comment I'd give is it seems like there's a mixture of things that are standards oriented and policy oriented. It might be helpful to separate those a little bit. You also have all of the things around certification in Beth Israel, but certification is critical, but that relates more to what goes on with the vendor community. You do have officials of the large organization and it just strikes me that if you're overwhelmed on your agenda that's a part of the thing that you could piece out. In other words, one way to look at this is what's the provider experience.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
That's a good idea.

Paul Egerman – Software Entrepreneur

You could somehow separate out some of the stuff that are vendor oriented or certification oriented. I'm not saying they're not important. Don't get me wrong. They're important. It's just a different—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
It's a different purview.

Paul Egerman – Software Entrepreneur
Yes. In other words, who the customer, who the consumer of that function is is a little bit different.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right and I think right now our primary focus is the customer or the consumer being either the eligible provider or the hospital and not as focused, not without regard, but not as focused on what the vendor may be experiencing.

Paul Egerman – Software Entrepreneur
Right. Well, in all fairness to any vendors who might be listening, we can't do this without the vendors.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right.

Paul Egerman – Software Entrepreneur
I'm just saying it's like a different show—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
It is.

Paul Egerman – Software Entrepreneur
I'm sort of suggesting. If the vendors have huge backlogs and they're a bottleneck in this process we need to understand why that is. Maybe there are some very interesting issues there that have to be addressed in terms of like workforce or something. I don't mean to minimize the vendors in suggesting a separate there.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No. That's not the way in interpret it. I think what you're saying is if we look at this panel composition as currently proposed and we're concerned about getting quality and very focused information then we're going to have to make some decisions about is this the right panel for that particular perspective.

Marc, from you or John or Joe?

Marc Probst – Intermountain Healthcare – CIO
Yes, I share in a lot of the comments that have been made relative to just the breadth of what we're doing. It seems to me there are a couple of things that need to come out of this. One is meaningful use phase two or stage two is coming out and I would hope we're going to give through this set of hearings the right group of people and our committee an opportunity to provide recommendations to that Meaningful Use Workgroup—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right.

Marc Probst – Intermountain Healthcare – CIO
As to what's going on today. I think that has to be a specific objective and when I say that; and I think I've shared with you my concerns; talking about Beth Israel is great, but I can tell you nobody cares about my issues at Intermountain Healthcare around certifications. I mean there may be two or three broad based issues associated with it, but they don't care. I mean I have a self developed system. I'm not saying that to be a problem. I'm just saying they don't.

What they care about are the very macro issues that are impacting certification. I think the meaningful use and obtaining it, one of that is certification. Some of that is going to be workforce.

REC I think is going to be a little bit of it. Maybe it's more than I think, but I think there is a series of things that we're going to have to focus on and our objectives really need to be to give specific recommendations, one, to the Meaningful Use Workgroup and then I think the other one is what can we do on the standards side, which I'm not familiar with, but I've shared my thoughts before. Thank you.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. Joe?

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
I was interested in Paul's suggestion about the last part about the thing with Beth Israel. I kind of agree that that's not going to be that big an issue. I mean the bigger issue is what are little people trying to do to get implementation. I kind of agree that maybe we could limit that discussion.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
So would you guys and ladies, as you think about this, would we, as we look for panelists then in lieu of going to an Intermountain or a Beth Israel would we limit that self certification perspective to those who probably are more representative of those who have struggles that we need to assist in, being the small providers? Is that what I'm hearing?

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
I'm just wondering how many there are. I mean compared to the number of people who don't have anything it just seems to me like—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Maybe a small population?

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
Yes. You'll probably find one or two people, who've done something themselves, but the chances of them self certifying if they're a very, very small practice are probably pretty small.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Doug, from your perspective have you gotten any indication of the ONC of the self certification perspective? Is it just primarily the large provider, hospital provider types or large physician groups and the rest are not seeking and therefore it's not necessarily something that we want to spend time on?

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability
I don't have that information right at hand, so I can certainly get that as we go forward. We have not, at least to my knowledge, had some self developed certification through the process just yet. There are about 54 technologies that have currently been certified, but that is information that we can get through working with the ATCBs and get that back to the Committee. I think that might provide some help, both in identifying those folks that will be seeking that kind of certification, as well as the scope of the problem and how important that is. It may not be just the large organizations, particularly if people have built specialized functions, even very small ones that help support some aspect of meaningful use.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
Is there not a charge for certifying if they're not some—?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
There is.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board

I'm not at all aware of what that charge is, but if you told me what it was I could tell you how many small practices there are that are going to go for it.

Paul Egerman – Software Entrepreneur
Picking up on the comment that I heard Marc say; now, I don't know if this is what you intended; but I wonder if when you look at an organization like Intermountain Healthcare or BIDNC, Beth Israel the issue about self certification is that important to us or rather we'd like to look at how are they doing with meaningful use and adoption. Because, as I think about what Joe said, there's almost like this implicit assumption that the big guys are doing fine. It's sort of like the small physician groups where the challenge is—

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
I agree, Paul.

Paul Egerman – Software Entrepreneur
I don't know that that's necessarily the case. I mean it could be that Intermountain Healthcare and BIDNC has their own set of challenges and obstacles to adopting and that would be interesting to hear. If certification is one of them that would be interesting to hear, but that may not be their number one problem. Their number one problem could just be trying to manage the magnitude of what they've got to manage.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
So maybe in lieu of doing a certification focus we go to panel three, which is really around the early adopters and regardless of how you're seeking attestation, whether you're self certifying or using a certified vendor, that content would become apparent.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
I think that's a great idea.

Paul Egerman – Software Entrepreneur
Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes. Okay.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board
I would just make certain that we include both, large and small so that we know from both perspectives how thing are going and if certification is a problem then we'll hear it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right. Then again, as we look at one of the things that you and Marc and Judy and I need to work on again is certification or the standards versus policy perspective and making sure that we either support each other with a single hearing or do hearings focused on more of that and certification may fall more to the Policy Committee.

Paul Egerman – Software Entrepreneur
Right.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Other input from the group around panel composition and, if possible, I think we're about ten minutes out from wanting to allow public input, I wanted to hear if there's more about the panel composition itself or, as importantly, potential persons you would recommend to participate in the panels.

Joe Heyman – Ingenix – Chair, National Physician Advisory Board

At least from my point of view what I would prefer to do is send you guys a list of people that I know rather than doing it publicly because I just don't know all of the details about all of these people and I can also access some suggestions from the AMA.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Not a problem at all.

Carol Diamond – Markle Foundation – Managing Director Healthcare
I just wanted to suggest on the certification panel that we actively seek entities that might have taken partial or modules through the certification process, not just the full EHR.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Okay. Thank you, Carol.

M
Are we still doing a certification panel?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Well, I'm wondering kind of where we've landed and what I would like everyone to kind of sort of either say resound that this is what we've heard. I'm feeling like we where we're landing is the meaningful use adoption panel number three in our slides if we wanted to go back to that slide really was looking for early adopters and that we might be able to; and even by maybe doing two panels, two of the panels within the hearing related to that, one of the questions that we would formulate for the testifiers is related to their certification process rather than doing a separate panel on certification process. We would take the opportunity to look at early adopters and whether you're seeking attestation in 2011 or whether you're preparing for 2012 one of the questions that should be answered, either in your testimony or in your written testimony, oral or written, would be how is the certification process working for you. Have you met with any barriers related to that, whether it's your vendor is not certified, whether it's you're trying to get modular certification. We would give them several examples of how that might play back into guiding us for either refining what we're doing, putting out other implementation guidelines and that sort of thing.

Carol and others, if we accomplish that through the adopters of meaningful use I think we would get to the criteria that you're looking for. For example, one of the things I said to the Standards Committee is Tenet is using a certified, clinical information systems vendor, but some of the systems that we are required to tie in with that, for example, our ADT system, is not a certified vendor and we are seeking modular certification. Carol, would that meet—

Carol Diamond – Markle Foundation – Managing Director Healthcare
Yes. I think as long as we hear from that experience.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Okay.

Paul Egerman – Software Entrepreneur
It's helpful that you mention that as a question. I put forward the idea that perhaps before we choose panelists we should choose the questions, because what we would like to do is have panelists, who are able to tell us, give us information about where they're having challenges and so forth. I mean if people have problems with certification we'd like to find some panelists who can tell us that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Right and I think that's a very well taken point. One of the things that was sort of evolving in my mind as well as we had this discussion is that we've got a little bit of a chicken and egg here and if we don't have the questions clearly articulated then to assume that the panelists that we are picking can answer those questions or are even appropriate to the questions is backwards. So that will need to be a next step. Frankly, between now and the December Workgroup we will formulate questions for input at that time.

We may be able to get a list of potential questions out to the Workgroup and to, Paul, you and Marc for your input.

Paul Egerman – Software Entrepreneur
Sounds good.

Ken Tarkoff – RelayHealth – VP & General Manager
I've got a question about the one about health information exchange, both public and private. Are you looking for organizations that are pursuing it or are you looking for state HIEs and community HIEs? Are you looking for the technology providers in that space? How are you thinking about that sector?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Well, as we talked about HIE, and again, this came up in the Standards Committee, there is a lot of interest in the state HIEs and how they're going to work. We know that at this point, at minimum, every state has a designated HIE. Then we also got the other perspective on it that what is really going on. The suggestion was made that we should be hearing from some of the state HIEs to understand what their plans really look like. Again, I think we're limited because we're not going to have a number equal to the number of states that are represented, obviously.

The second piece of it is if my state is not moving forward then I have other alternatives and how is that working? That's the way that it was proposed originally.

Ken Tarkoff – RelayHealth – VP & General Manager
One of the comments I'd say on that is even in many of the states where there is a state designated entity there are also community based entities pursuing HIE as well too and every state is doing it probably differently.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
They are. That's what my knowledge is as well.

Ken Tarkoff – RelayHealth – VP & General Manager
Yes and so I don't know what we're trying to accomplish here. I mean obviously that's a place where we play as well too and we have customers, as well as other entities that are in that space that could talk, but every state is doing things differently. If it was just a state representation it probably wouldn't be a balanced view of the market.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
No, it would not be.

Ken Tarkoff – RelayHealth – VP & General Manager
And so you probably need a good mix of that. I would just say if there are areas there that I can help with getting people to participate there we also have customers that are pursuing some of the other items as well too. I just want to offer it up if it's helpful.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
I do think it ties back again to kind of the underlying theme of this, which is it is really not kind of a dog and pony show around what your state is doing. It is what do the providers need us to do and what are the alternatives that they can seek? Because one of the things that we are consistently hearing is I am trying to determine, based on my desire to get to meaningful use, whether it's in this stage or the next stage, in stage two, and I want to use the health information exchange and there seems to be a lot of players in that arena what are the actual effects. I think it goes back to if the persons that we heard from, both from the hearing and then in just looking across the market in terms of a multimedia campaign, then we need to be able to formulate questions to say how are you going to meet the needs of the people that want to use your exchange, not the other way around?

Ken Tarkoff – RelayHealth – VP & General Manager

Yes. Great.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Other input? Because I agree with Paul and others that given this more narrowing; and thank you for the reframing and further defining the panels and what they need to accomplish from an objective perspective; that we then formulate questions and identify potential panelists to answer those questions. That approach will work.

Other input from the Workgroup or Doug or Judy or Mera?

Judy Sparrow – Office of the National Coordinator – Executive Director
No. Liz, we'll just sort of send around some of this information via e-mail and try to collect it before the next call in December. I forgot. I'm not—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Correct. Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director
I think I can help with that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Great.

Judy Sparrow – Office of the National Coordinator – Executive Director
Doug stepped out, but—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Yes, we have a meeting on December 2nd, so we would have time to put this out there and then formulate the questions, look in our next Workgroup for identifying either via e-mail and prior to that meeting or during that meeting potential—getting agreement on the questions and a logistical format of the panels. Secondly, identifying additional panelists. If we've already identified some we'll bring them forward, moving forward to the January date of having an actual hearing.

Judy Sparrow – Office of the National Coordinator – Executive Director
Right. We certainly hope we can get some information from ONC, like what we were talking of the RECs—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Exactly. Well, thank you, all. I know that we need to open it up and allow our public, but I wanted to make sure. Is there any other feedback or input from the Workgroup prior to opening it up for public input? This would be the opportunity to make those comments. Okay, Judy, I think we'll move forward.

Judy Sparrow – Office of the National Coordinator – Executive Director
Operator, can you please check with the public and see if anybody wishes to make a comment?

Operator
We do have a public comment.

Judy Sparrow – Office of the National Coordinator – Executive Director
If that person could please identify yourself, your name and your organization?

Carol Bickford – American Nurses' Association
On slide number six you talk about the eligible provider's experience in relation to meaningful use. I wanted to make sure that you encompass those providers, who are not physicians and part of that cohort, because they may have very different experiences.

Judy Sparrow – Office of the National Coordinator – Executive Director
That's a very good point, Carol. Thank you for bringing that up.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
Absolutely. Thank you, Carol.

Judy Sparrow – Office of the National Coordinator – Executive Director
Anybody else? All right. Thank you. Thank you, Liz. Thank you, everybody.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics
All right. Thank you to all. Talk to you soon.

Public Comment Received During the Meeting

1. Where may I obtain details of the roles, responsibilities and relationships of the various standards organizations that have input to specific functionality of the areas of EHR standards definition, for example ISO, ANSI, HL7?